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|  | <p>Prosthetics Guidelines</p> | |
| <p>Guideline # 6199</p> | <p>Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p> | <p>This Guideline Applies To: Texas Children's Health Plan</p> |
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Prosthetics and accessories.

DEFINITIONS:

- Lower limb prostheses include, but are not limited to, the following
 - Partial foot, ankle, and knee disarticulation sockets
 - Above-knee short prostheses
 - Hip and knee disarticulation prostheses
 - Postsurgical prostheses
 - Preparatory prostheses
 - Additions to lower extremity prostheses
 - Replacement sockets
 - A basic lower limb prosthesis consists of the following:
 - A socket or connection between the residual limb and the prosthesis
 - A suspension mechanism attaching the socket to the prosthesis
 - A knee joint that provides support during stance, smooth control during the swing phase, and unrestricted motion for sitting and kneeling
 - An exoskeleton or endoskeleton pylon (tube or shell) that attaches the socket to the terminal device
 - A terminal device (foot)

- Upper limb prostheses include, but are not limited to, the following:
 - Partial hand prostheses
 - Wrist and elbow disarticulation prostheses
 - Shoulder and interscapular thoracic prostheses
 - Immediate postsurgical or early fitting prostheses
 - Preparatory prostheses
 - Terminal devices
 - Replacement sockets
 - Inner sockets-externally powered
 - Electric hand, wrist, and elbow prostheses

- Functional Levels: Throughout this guideline "Functional Levels" are used to guide the appropriateness of lower limb prosthesis. Provided below are definitions of these levels. Please

note that within the functional classification hierarchy, bilateral amputees often cannot be strictly bound by functional level classifications.

- Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
- Level 1: Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- Level 2: Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for prosthetics are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the prosthetics request as an eligible service.
3. Prosthetics are a benefit to members who are birth through 20 years of age.
 - 3.1. CHIP members have a \$20,000 per 12 month period benefit limitation.
 - 3.2. Prosthetics are not a benefit for members 21 and older per Texas Medicaid Limitations and Exclusions
4. Requests for prosthetics will follow current guidance in the Texas Medicaid Provider Manual Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook Section 2.2.19 Prosthetic Services.
 - 4.1. External breast prosthesis – please refer to guidelines for reconstructive and therapeutic breast procedures
 - 4.2. Artificial eyes (eye prosthesis) may be considered if there is clinical documentation that the device is necessary to correct an absence or deformity of the affected body part in members under the age of 20.
5. Replacement of a prosthesis or prosthetic component is considered medically necessary if the treating physician orders a replacement device or part because of any of the following:
 - 6.1. A change in the physiological condition of the individual; or

- 6.2. Irreparable wear of the device or a part of the device; or
- 6.3. The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement device or of the part being replaced.
6. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
7. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:****Last approval by the Clinical & Administrative Advisory Committee (CAAC):**

- Texas Medicaid Provider Manual Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_DME_and_Supplies.pdf

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